



In the United States Patent and Trademark Office

Application Number: 10/607,019
Application Filed: June 25, 2003
Applicant: Henry Rohrig
Application Title: Truck Alignment System
Examiner / GAU: Courson, Tania C. / 2859

Mailed: North Hollywood, Ca. 91601
Date: March 10, 2005

Petition to Make Special

Commissioner for Patents
P.O. Box 1450
Alexandria, Va. 22313-1450

Sir:

Applicant hereby respectfully petitions that the above application be made special under MPEP Section 708.02 for the following reason; attached is a declaration in support thereof:

- | | |
|---|--|
| I. <input type="checkbox"/> Manufacturer Available; | VII. <input type="checkbox"/> Recombinant DNA is Involved; |
| II. <input type="checkbox"/> Infringement Exists; | VIII. <input type="checkbox"/> Special Procedure: Search Was Made; |
| III. X Applicant's Health Is Poor; | IX. <input type="checkbox"/> Superconductivity Is Advanced; |
| IV. X Applicant's Age is 65 or Greater; | X <input checked="" type="checkbox"/> Relates to HIV / AIDS or Cancer; |
| V. <input type="checkbox"/> Environmental Quality Will Be Enhanced; | XI <input type="checkbox"/> Counters Terrorism; |
| VI. <input type="checkbox"/> Energy Savings Will Result; | |

Very respectfully,

Applicant: Henry Rohrig Signature:  Date: March 10, 2005

Attachments: Birth Certificate, Statement from Physician on Health

Telephone: 818-761-3628

CITY OF DETROIT

Department of Health
Vital Records

PLACE OF BIRTH

MICHIGAN
DEPARTMENT OF HEALTH
Division of Vital Statistics

B213A-1-10-30-3M1

County of Wayne

Transcript of CERTIFICATE OF BIRTH

City of Detroit

Register No. 22014

(No. Florence Crittenton Hospital Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)FULL NAME
OF CHILDAlfred Henry Rohrig

{ If child is not yet named, make supplemental report, as directed.

Sex of
childm.Twin,
triplet,
or other?

and

Number
in order
of birthLegiti-
mate?YesDate of
Birth8-8

(Month)

1930

(Day)

(Year)

Full
Name

FATHER

Albert RohrigResidence
(P. O. Address)1210Full
Maiden
Name

MOTHER

Beatrice CatheyResidence
(P. O. Address)TrumbullColor
of RaceWAge at Last
Birthday43

(Years)

Color
of RaceWAge at Last
Birthday36

(Years)

Birthplace

Wichita Kansas

Birthplace

Asheville N.C.Occupation
(And Industry)CarpenterOccupation
(And Industry)Thief

Number of child of this mother

4

Number of children, of this mother, now living

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was

alive
(Born alive or stillborn)Male 43 1/2 M.Have eyes of child been treated with
one and one-half per cent solution of sil-
ver nitrate as required by law? Yes(Signature) H. B. GastonDated 8-11-, 1930

(Attending Physician, midwife, father, etc.)

Given or christian name added from a
supplemental report19Address HospitalFiled 8-20-, 1930

Was there any serious malformation or defect?

THIS CERTIFIES THAT THE ABOVE IS A TRUE COPY OF FACTS RECORDED ON THIS RECORD
OF THE PERSON NAMED HEREON, AS FILED AT THE DETROIT DEPARTMENT OF HEALTH.

MAY 11 1995

DATED

GLORIA J. HARPER
REGISTRAR, VITAL RECORDS
DETROIT DEPARTMENT OF HEALTH
1151 TAYLOR
DETROIT, MI 48202



To whom it may concern;

June 15, 2004

This is information about the health of Alfred Rohrig

In October 12, 2003 he was in New Mexico and had a massive heart attach, it was two days before he could get to a hospital for open heart surgery, it was a four coronary artery bypass. He was recuperating from that and in Dec. 23, 2003 he was again in the hospital for surgery, amputation of half of his right foot, now while recuperating from both surgeries, he has developed anemia and does not have enough energy and stamina for any work at this time.

At his age of 74 he will not be able to come back later from this serious condition.

Considering his condition he has 100 percent disability.

**R. SPENCER, M.D.
INTERNAL MEDICINE**

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